

# **NEW APPROACHES TO THE DELIVERY OF TOTAL SERVICES FOR BLIND PEOPLE**



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A FINAL REPORT

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**THE VIRGINIA COMMISSION  
FOR  
THE VISUALLY HANDICAPPED**

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IMPROVEMENT OF DELIVERY OF SERVICES TO THE BLIND THROUGH INTAKE  
AND CASEFINDING TECHNIQUES AND PUBLIC COMMUNICATION OF AGENCY  
SERVICES IN THE RICHMOND STANDARD METROPOLITAN STATISTICAL AREA  
AND IN PRINCE EDWARD COUNTY, VIRGINIA

(14-P-55132/3-01)

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## ABSTRACT

This project dealt with the location and screening of severely visually impaired people in the Richmond Standard Metropolitan Statistical Area and in the rural county of Prince Edward. At the onset of this project 64 percent of the legally blind persons in the Richmond SMSA and 62 percent in Prince Edward County were known to the Commission. The goal was to locate the remaining legally blind unknown potential clients. Therefore, a cross section of lower, middle, and upper class neighborhoods were surveyed with the objective of determining the prevalence of blindness in the different economic strata, as well as that of locating these unknown clients. The entire public was made aware of the project's goals and purposes through the use of the news media and personal contact of all social agencies that might be involved with persons who suffered with a visual disability.

Although the efforts of the staff failed to show that such persons were not being served by the Commission within the two selected areas, it did create a greater public awareness of Commission services. There was also indicated a need for a Service Determination Unit, since referrals handled by the project staff received services in approximately half the time usually taken to initiate services.



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## FOREWORD

Descriptions of various innovative methods of casefinding and intake techniques are presented in this project report. Although not every attempt to locate the vast number of blind and visually handicapped individuals unknown to the Commission was successful, several of the methods used were promising in opening new approaches that may prove to be valuable in the future. It is hoped that knowledge of these methods will benefit further undertakings of this Agency, as well as of other service agencies across the country.

The history of the Commission's concern about locating and serving the blind goes back to March, 1922, when the Agency was created by State law. At that time, as well as now, it was realized that a number of blind and visually handicapped individuals were receiving few, if any, services to assist them in becoming contributing members of society.

As the staff and programs of the Commission expanded, more visually handicapped individuals were served. Statistics indicate that there are still many individuals residing in Virginia who are in need of services and are not receiving them because they are unknown to the Commission. Therefore, this pilot project was conceived for the purposes of: (1) devising new and better methods of locating individuals who may benefit from the various services offered by the Commission and (2) establishing a Service Determination Unit for expediting the delivery of services to the persons referred.

## BACKGROUND INFORMATION

For sometime it had been felt by the staff of the Commission that, although the visually handicapped persons known to them were being served satisfactorily, there were still many individuals who could benefit from services, but who were unknown to the Agency. This was attributed to a lack of awareness on the part of the general public of the services, and in some cases, the existence of such an organization as the Virginia Commission for the Visually Handicapped.

It was estimated<sup>/1</sup> that the prevalence of blindness in Virginia was 2.5 persons per 1,000 population, but only 1.2 persons per 1,000 population were registrants on Virginia's Model Reporting Area Blind Register. The incidence (the annual occurrence of newly blinded persons) of blindness exceeds 800 persons. It is expected that there will be 11,000 newly blinded individuals in the State during the 1970's.

Consequently, in March, 1969, the supervisors of each of the departments were asked for suggestions that might be beneficial in improving Commission services to potential clients, as well as to those already being served. As a result of these suggestions came the idea for a special project designed to research better methods

<sup>/1</sup> Estimated Statistics on Blindness and Visual Problems by the National Society for the Prevention of Blindness, Inc.



of public communications and to develop better ways of expediting intra-agency referrals to the individual departments.

Because this was to be a pilot project, only two geographical areas were selected to test the different ideas. They were the Richmond Standard Metropolitan Statistical Area (comprising the City of Richmond and the counties of Hanover, Henrico, and Chesterfield) and the rural area of Prince Edward County.

## STATEMENT OF THE PROBLEM

During the planning stages it was evident that Operation Insight had to deal with two major problems. It was estimated that 11,500 legally blind persons lived in Virginia, yet only 48 percent of this number were recorded on Virginia's Model Reporting Area Blind Register. There was an unknown number of persons in the State, who, although not legally blind, were visually impaired and eligible for Commission services. Consequently, the prime objective was to locate these unknown people and refer them to professional field staff to deliver services to those who felt they could benefit from active contact with this Agency. After locating them, it was anticipated that the length of time from initial referral to initiation of services could be reduced appreciably. If a legally blind individual chose not to become a client of the Agency, his name would be placed on the MRA Register for statistical purposes.

Once the project began it was apparent that a third problem existed, and this problem had to be dealt with first in order that the other two problems might be solved. The public needed to be made aware of the availability of the services of the Virginia Commission for the Visually Handicapped. Without such knowledge and understanding of these Commission services people could not be expected to contact this Agency for assistance.



## SETTING

The Virginia Commission for the Visually Handicapped was the recipient of this grant making the study possible. Three full-time project staff members were hired for the project and were assigned office space in the Richmond Workshop for the Blind. Because staff members were not recruited from within the Commission, they began work several months before March 1, 1970, in order to experience an intensive and extensive orientation program of Commission functions. The Director and Assistant Director of the Commission, as well as the Director of Research and Statistics, were available for consultation and assistance whenever needed.

The office of the project workers was equipped with a typewriter, file cabinet, bookcase, and a telephone with a twenty-four hour automatic message recorder.

Because it was felt that identification of the project with the Virginia Commission for the Visually Handicapped would contribute to and encourage acceptance in the community, descriptive pamphlets were prepared and distributed (Appendix, pages 39 and 40). In addition, an emblem of an eye was designed and inscribed on calling cards and letterhead stationery. With the assistance of the telephone company, a telephone number easy to dial by a blind person (644-0123) was chosen. It was expected that when a visually impaired person heard this number broadcast over the mass media, he would find it easy to remember and his inquiry would be made faster.

Two geographical areas of Virginia had been selected to be the target areas of the project. These were the predominately urban area of the Richmond Standard Metropolitan Statistical Area (this included the City of Richmond, and counties of Henrico, Chesterfield, and Hanover) and the rural community of Prince Edward County.

## PROJECT PROGRAM AND PROFESSIONAL STAFF

The pilot project was conducted within the framework of the broad rehabilitation philosophy. Under the direction of William T. Copping, Director of the Virginia Commission for the Visually Handicapped, the project plans were carried out by Ethel F. Payne, Project Director, and Elizabeth L. Terrell, Project Investigator. The Director of Research and Statistics was available for consultation and guidance throughout the course of the project. His assistance was also valuable in the gathering of statistical data and the testing of results. The Assistant Director of the Agency, and Fiscal Officer, and the Information Officer were also available for conference whenever needed.

A full-time secretary was hired. In addition, supervisors and staff members of the various departments within the Commission-- Vocational Rehabilitation, Home Teaching, Education Services, Aid to the Blind, Library Services--were cooperative and interested in providing assistance necessary to the successful functioning of the project.

## POPULATION AND SAMPLE

One urban and one rural area in Virginia which are considered to be representative of the total state population were selected. They were the Richmond Standard Metropolitan Statistical Area and Prince Edward County.

The population of the Richmond SMSA and Prince Edward County is significantly important for social and rehabilitation service because of the large public assistance caseloads (including Aid to the Blind), the concentration of low income families, the health needs, and job placement problems of the blind and non-legally blind visually eligible potential clients.

In 1969 the per capita income within the Richmond SMSA exceeded the state average, but Prince Edward County's per capita income fell below the average for all Virginia counties and the state. However, Richmond City's per capita expenditure for welfare was the highest in the state and accounted for sixteen percent of all the federally aided public assistance cases throughout Virginia. The public assistance caseload in Prince Edward County was average with other comparable rural counties. Fiscal year 1970 per capita expenditures for all public assistance, and administration, for Richmond City was \$80.57, Henrico \$4.27, Hanover \$6.10, Chesterfield \$8.97, and Prince Edward \$12.38, compared to \$21.86 statewide per capita average for a counties and cities.



## TECHNIQUES OF INVESTIGATION

Various techniques were used for the purpose of identifying visually handicapped individuals within the project boundaries. The most successful was the public education approach directed to the general public by the use of the news media (Appendix, pages 41 and 42). With the cooperation of the local radio and television stations public service announcements, as well as occasional live interviews, were presented at intervals each day during the first month of the project. One example of the type of announcement used is as follows:

In the Richmond area there are many people who have trouble seeing. In the Richmond area there is also "OPERATION INSIGHT." Through this program, one whose world has been narrowed to his home because of a visual handicap may once again learn to travel independently, secure a job, receive financial assistance, and live a normal life. For more information, contact "OPERATION INSIGHT," 1535 High Street, Richmond, Virginia, telephone 644-0123. Sponsored by the Virginia Commission for the Visually Handicapped.

The project staff received approximately fifty phone calls from interested persons as a result of the radio and television announcements in the first two months. Although only a few of these citizens were later found to be visually eligible for services of the Commission for the Visually Handicapped, a number of persons were referred to agencies that were able to offer the appropriate assistance; for example, the Richmond Field Office of the Department of Vocational Rehabilitation and the Bureau of Public Health Nursing. In addition to this, these announcements created an awareness among several individuals of their poor eye conditions and the necessity of receiving the appropriate ophthalmological examinations in an effort to correct or prevent further impairment.

Not only were the spot announcements used to inform the general public of the existence and purpose of the project, but these, as well as live interviews with the project director, were also used as a means of acquainting the public with a door-to-door survey that was to be conducted in certain areas of the City of Richmond and Henrico and Chesterfield Counties with the assistance of volunteers from the Westhampton Junior Woman's Club. Much consideration and study took place in the selection of the neighborhoods to be surveyed in these areas. All age and ethnic groups were included in the survey. Areas were selected which were representative of a cross-section of ethnic and economic backgrounds. Questionnaire forms (Appendix, page 43) which would permit standardization of the obtained results were devised. An orientation and training program was planned and conducted to prepare the volunteers of the club for their task. During the survey, the project staff was readily available to provide assistance.

Notwithstanding the orientation and training session, results obtained through the questionnaire demonstrated a misinterpretation of the first question, "Does any member of the household have trouble seeing, even when wearing glasses?" Consequently, additional time was spent by the project staff in contacting the eighty-two persons in Henrico and Chesterfield areas who responded positively to this question. As a result seven of these individuals were found to be eligible for services from the Commission. Although the number of clients found in proportion to the time spent in contacting them



was small, it was important that all potential clients receive ample consideration before a determination could be made as to the extent of their visual impairment.

The project workers concluded the survey portion of the project by conducting the survey in Richmond City. Although no individuals were found to be in need of Commission services within the areas selected for the Richmond survey, nineteen persons answered yes as "having trouble seeing," and they were promptly referred to an ophthalmologist or an organization which seemed appropriate to assist them with their most immediate needs.

An Intake Form was devised for the purpose of securing basic personal data which would be useful to all departments within the Commission for determining eligibility criteria (Appendix, pages 44, 45, and 46). It was expected that the use of this form, which contained the following information--a current ophthalmological examination, available medical information, mobility data, directions to the home, educational background, vocational experience, and financial circumstances--would provide the service workers, such as the vocational rehabilitation counselors, rehabilitation teachers, etc., with the basic pertinent data prior to their first consultation with a client.

A feedback form (Appendix, page 47) was also devised. This form was transmitted to the service worker, along with the potential client's intake form and ophthalmological examination report, and returned to the project staff when a department either initiated services or determined ineligibility. This information enabled the Operation Insight

workers to determine the lapse between the date of referral and initiation of services.

Once a referral was received by the Operation Insight workers, basic information and background data were collected, including medical, social, economic, educational, vocational, and personal data. Directions to the person's home were also obtained in an attempt to reduce further the time spent in locating the client. Arrangements were made for eye examinations, if needed, and transportation was provided to these appointments when necessary. After this basic information was collected and a study made of the individual's needs, an eligibility determination decision was made based on the services available that would best fulfill a person's needs. The referral document was then sent to that department within the Commission, or to another service agency, that could be of assistance.

The Virginia Commission for the Visually Handicapped provides services through six departments and two sheltered workshops. During the existence of Operation Insight all of these departments interacted with the goals and purposes of this project.

The Home Teaching Department, whose aim it is to provide adjustment training to clients in their home and surrounding areas by teaching among other things braille, typing, and handcrafts found that the referrals from Operation Insight enabled its staff to meet the needs of their large and ever-growing caseloads more rapidly. Thus, more time was available for counseling and instruction in more important areas of concern.

Individuals referred to the Vocational Rehabilitation Department were able to receive vocational counseling, medical evaluation, aptitude testing, physical restoration, and training and placement in suitable job situations.

When a project referral was received by a counselor, ophthalmological examinations and current medical information, if obtainable, were already included in the record. Therefore, the counselor had an indication of the needs and abilities of his client before his initial contact was made.

Each person referred was given the opportunity to avail himself of the services of the Virginia State Library for the Blind and Physically Handicapped, another department within the Commission. Talking Book machines and records were made available to interested persons, and in most instances, services were initiated within one week. Users of this special service are provided with many hours of pleasure.

Attempts were made to identify visually impaired children of school age by contacting all public, private, and parochial schools within the project areas. Once a child was found, he was visited by a consultant from the Education Services Department. These consultants work with school age children, their parents, and teachers in an effort to make resources available that might be beneficial to the child during his learning years.

The Aid to the Blind Department was utilized when those legally



blind persons whose economic need was not being met were located. The local welfare departments<sup>/2</sup> in the project area were contacted and were requested to send workers to the interested applicants' homes in order that an application for assistance could be initiated. Thus was established a working relationship between the project and the local welfare departments involved.

Referrals from Operation Insight were not limited to the services provided by the Commission. In those cases where an individual's special needs could not be appropriately met by the Commission, other agencies were then contacted and arrangements were made for services.

During the existence of Operation Insight and its interaction with the community and the departments within the Commission, it was demonstrated that a need existed for the establishment of a unit within the Commission that would be responsible solely with the processing of referrals. The Service Determination Unit, as this unit may be so named, would efficiently and systematically process all new referrals received by the Commission more rapidly than is currently being done by the professional staff of the various departments.

<sup>/2</sup> Virginia's 128 city and county welfare departments administer the welfare programs, including Aid to the Blind. The Aid to the Blind Department of the Virginia Commission for the Visually Handicapped is responsible for state supervision of these departments as they relate to Aid to the Blind.

The local newspapers were very effective in informing the public of the project. Articles appeared periodically from January through July in both of the Richmond newspapers, as well as in those of other cities. The articles were written not only to inform the public of the progress of the project, but also to encourage visually handicapped persons to seek help through Operation Insight.

Other methods employed to inform the public of the project included both personal visits and letters to ophthalmologists, public and private organizations, nursing homes, homes for the aged, and public, private, and parochial schools. If the project staff was unable to contact an organization or institution in person, letters were sent explaining the project and requesting that meetings be arranged so that the project could be further discussed. (For additional information, Appendix, page 48 and 49)

## RESULTS

Various methods were used to locate prospective clients. Among the most productive was the use of local news media. Spot announcements were used to provide the public with information about the services available from the Commission and how "Operation Insight" could be contacted. An individual's first contact with the project staff was the beginning of the screening process. At times, only a few preliminary questions were necessary to determine the extent of the inquirer's eye condition, but the majority of those making inquiry were personally visited in their homes and their problems were discussed.

### Public Relations

Two series of public announcements, each of which were broadcast for approximately two months, were run on all local television and radio stations. As a result of the first group of announcements (run in January and February of 1970), responses were made by approximately fifty individuals who called to inquire about the services of Operation Insight and how one might benefit from them. Of these approximately fifty phone calls, eight percent or four individuals were found eligible for Commission services, three were referred to private ophthalmologists, seventeen were referred to the Eye Screening and Low Vision Aid Clinic sponsored by the Commission and to the Medical College of Virginia, and two were referred to the Richmond Field Office of the Department of Vocational Rehabilitation.



The second set of public announcements were released eight months later. However, no responses were received.

It was found that a number of clients who called to inquire about services were already knoww to the Commission. Many of these people had not been contacted by a representative of the Agency in a considerable period of time, and were unaware that they were still considered to be clients of the Commission. The heavy caseloads in both the Vocational Rehabilitation and Home Teaching Departments would easily account for the lapse of time between home visits in these instances. However, this does point out the need for more staff to handle adequately the number of clients already known to the Commission.

#### Sample Survey

A second method used to locate visually handicapped individuals was a selected sample door-to-door survey. This approach was most inadequate for several reasons. Members of a local woman's club were used to conduct the survey in several areas. There was a lack of understanding by club members over the eligibility requirements which constituted the need for Commission services. Because of this misunderstanding many individuals who were subsequently found to be ineligible for Commission services were referred to Operation Insight. The result was a great deal of unnecessary time spent in this phase, as it was necessary for the project staff to make a home visit to see each person. In more than seventy-five percent of the cases the per-

son referred suffered from a visual problem that was correctable with glasses (Appendix, pages 51, 52, and 53).

It had also been thought that the results of a survey of different socio-economic areas would show a higher rate of visual impairment in the lower income areas. This did not prove to be true. One of the best ophthalmological clinics in the state is located in Richmond. Any person who is unable to pay for treatment by a private physician is entitled to the use of the clinic. A large number of our indigent population make use of these facilities.

If any doubt existed as to whether or not a person was eligible for Commission services, an eye examination was arranged. Although this scheduling of appointments, providing transportation to and from the doctor's office, and waiting for the return of ophthalmological examination reports was quite time-consuming, these services were very worthwhile. A number of individuals who had been without adequate visual attention were now able to receive proper care, and quite a few people who were referred to the screening clinic were able to benefit from the examinations on a preventative basis.

It was demonstrated through a time-study made on referrals received from the Richmond area that services were received by clients faster when seen first by the Operation Insight workers than when seen by the service workers in the various departments.

It must be noted that Operation Insight dealt with only a limited number of individuals referred from the project areas. Although the project workers were forwarded the names and addresses of

several potential clients from the Commission, the service workers of the various departments continued to screen referred individuals as they had previously done. The majority of persons screened by the Operation Insight staff were those obtained as a result of the efforts of the project.

For fiscal year 1970, the average length of time from date of referral to date of acceptance or rejection by the service departments in the Richmond district office was 4.5 months. However, among those referrals seen first by the project staff, the length of time from date of referral to date of acceptance or rejection, in all departments except the Library, was 1.6 months. When the referrals made to the Library are included, the length of time is 1.5 months.

#### Organizations and Institutions

All nursing homes in both the Richmond Standard Metropolitan Statistical Area and Prince Edward County were contacted because of the large number of visually impaired elderly persons. The response of the nursing homes contacted in Richmond was not encouraging, but the nursing home in Prince Edward was quite interested in the services available from the Commission. An effort is being made to work with the administration of such institutions so they will be better able to deal with those aged suffering with a visual impairment. However, these people are often unable to benefit to any great degree from special services due to age, other physical disabilities, and senility.



In order to inform other service organizations of the project, personal contacts were made and letters were sent in an effort to obtain additional referrals. Public and private service organizations were contacted in the project areas, as well as public, private, and parochial schools.

The general response from the above contacts was poor. Interest was expressed by several health agencies and their facilities were offered as potential referral sources, but this interest did not continue. However, an article was published about the project in one organization's monthly newspaper.

The school systems in both project areas were weak in their response. Of the 215 schools contacted only one principal made a direct response to Operation Insight.

Once an individual had been seen by an Operation Insight worker, a brief social summary was prepared and medical information was requested from doctors who were seeing the person referred. The greatest lapse of time occurred between sending for and receiving these doctors' reports. It took an average of nineteen days to receive the medical information requested for all referrals, and, on occasion it was never received.

After the medical reports were received in the office the file was considered to be complete, and the information was then referred to the appropriate service department within the Commission.

Occasionally, there was some doubt as to which department should initially work with a particular client. Because of this an Advisory Committee, consisting of members of each service department, was established to help make the decision as to which department could best serve the client. This committee met infrequently, but it was obvious that such a committee would have been very helpful for those special cases if this project had been conducted over a longer period of time.

The location of the Operation Insight office in the Richmond Workshop for the Blind enabled the project staff to be in close contact with rehabilitated blind persons. These individuals, as well as members of the Workshop staff, were another referral source of persons in need of Commission services.

### Questionnaire

In an effort to systematically and effectively evaluate the project results, a comprehensive questionnaire was devised and distributed to VCVH department supervisors and service workers who were in direct contact with the project referrals (Appendix, page 54). The results of the questionnaire were not as meaningful as had been anticipated, as there was a variation of comprehension among respondents as to the precise objectives of the project.

Attitudes toward the project were requested in the first question, "What is your present attitude toward Operation Insight?" to which all departments, with the exception of one, responded favorably.

Similar attitudes were expressed in the second question, "Was the following information covered adequately in each referral: personal information, such as date of birth, marital status, social security number, etc.; directions to the home; available medical data; educational background; vocational experience; and financial circumstances?" Responses were positive from members of all departments regarding the personal information and directions to the home. Although it was agreed by all that the basic data provided by the project intake form presented adequate information concerning the prospective client and his needs, a vocational rehabilitation counselor felt that the rest of the information was not adequately covered.

The third question, "Did you find that having this information was helpful in your initial contact with the referral?" received positive response from the majority of the departments. Most workers agreed that this inclusion of basic information was very helpful to them in advance of their visits to persons referred. It was stated that this information provided them with a better understanding of the individual and his potential needs before the initial contact was made by the service delivery worker.

The majority of the staff who worked with the project referrals responded positively to the fourth question, "Is there any other information that the project should have covered in the referrals? Should some of the data be eliminated?" In general, it was felt that the amount and type of information was adequate and complete. It was recognized that an intake basic data form should be



designed to include only the most basic and fundamental information on the client and his living circumstances and needs. The thought was expressed that such information would be useful to any field staff representative who would be working with a client, but in certain instances more specific information might be required. In such cases a service worker should obtain this supplemental information.

As previously stated, the personal data and information gathered by project staff on each individual referred was basic and comprehensive. It was designed to enable the field staff to obtain an overall picture of the person referred before their initial contact was made. In fact, it is believed that eventually one basic data form will be adequate for all service departments of the Agency.

On the other hand, a vocational rehabilitation counselor suggested that the project staff be able to authorize general medical examinations and other diagnostic procedures, complete their department's intake form (RD-4), and perhaps be given the name "Mobile Counselors."

Although department supervisors had participated in the development of project goals in the beginning, it was apparent that some failed to orient their staff adequately to the basic goals and objectives of the project. Operation Insight workers were not counselor aides. Their main concern was only that of developing new methods of case-finding and intake techniques. It was evident that Operation Insight was evaluated by some respondents on a personal, departmental basis rather than on an overall, comprehensive basis concerning the factors

that would have been beneficial to the functioning of the Commission as a whole. The project staff functioned to determine eligibility and need for services. It was the responsibility of the service workers to decide what other diagnostic functions were necessary and to make the appropriate authorizations.

This misunderstanding of the actual responsibilities of the project workers was evident. It was felt by some service workers that all preliminary work on a given referral should be done before the referral was sent to him. It was felt by others that some services, such as authorizing medicals and other diagnostic functions, could be initiated before the referral was sent to the appropriate department. Direct services were not, however, the responsibility of the project workers.

Responses to the fifth question, "Each of you has a large caseload. Do you believe that some of your stress and pressure will be lessened if you receive all referrals in the same way?" were basically positive. There was general agreement to having all basic intake information available in advance of a service worker's initial visit to an individual referred. However, it was suggested that the project staff not go too far in obtaining basic information, as this might interfere with a service worker's means of building rapport with his potential clients through a more detailed discussion of specific services.

Responses to the sixth question, "Did you see a noticeable reduction in time between your receiving the referral and initiating services to the referral?" cannot be considered valid because of the fact that Operation Insight referrals were placed in a priority category and were to receive more prompt attention than were other referrals. But it is quite obvious that a service worker who receives a referral complete with basic information, as opposed to an incomplete referral containing only a name and address, would be required to spend less time collecting basic data and would be allowed more time for counseling. Merely having to wait for the return of the ophthalmological examination reports would cause a delay in initiation of services. Services can be initiated at a faster rate if these reports are included in the basic referral process.

The rehabilitation teachers of the Home Teaching Department, the department which received the majority of project referrals, stated that although Operation Insight referrals were of agency priority, they were eager to see them more quickly because of the basic information included.

The seventh and last question was, "Do you feel that the location of the project staff at the Richmond Workshop for the Blind hindered communications between project workers and the Commission's service staff?" Unanimously, all personnel agreed that a more effective



interchange and closer communication and coordination would have been achieved if the Operation Insight staff had been located with the field service personnel.



## DISCUSSION AND IMPLICATIONS OF RESULTS

The primary objectives of Operation Insight were to develop improved and innovative methods of casefinding and intake techniques for the purpose of identifying blind and visually handicapped individuals and to achieve a reduction in time between the onset of disability and the initiation of services. In an effort to evaluate the accomplishments of the project a questionnaire was designed and distributed to department supervisors and field staff who worked directly with the individuals referred.

Although the questionnaire was useful in assessing the attitudes of various staff members toward Operation Insight, it was not as helpful as was anticipated. This method of inquiry revealed a number of inconsistent attitudes expressed towards the basic goals and purposes of the project. This indicates the need for de-departmentalization of the basic referral and intake process which might lead to a higher degree of agency coordination and communication.

Respondents to the questionnaire recommended that the project staff's offices be located adjacent to those of the service workers as a means of improving the communication between field staff and project workers. In addition, the inclusion of the project director in agency staff and supervisor meetings would have been beneficial in promoting a clearer explanation of the goals and progress of the project. Since it was necessary for all project staff to continue to have in-depth knowledge of all agency goals and functions, it was felt that the

project director's presence in these meetings would have enabled him to be better informed of all current program developments and to train his staff accordingly.

In order to receive any response from a project of this kind, it is necessary that the public be informed of its existence and objectives. The importance of the use of the news media in informing the public of the Commission's services was demonstrated in the results of the project, and, as was expected, public announcements released through television, radio, and in the newspaper proved most effective in contributing to the success of the project.

Although the services of a local woman's club were volunteered for assisting with conducting a door-to-door survey, it is felt that public response might have been greater if more local civic groups had been selected to participate in the various localities in which their members lived. Acquaintance with the people from various localities may have yielded greater public acceptance and response.

Even though the surveyors were provided with an evening of intensive orientation to Commission services and training on the fundamentals of conducting a survey of this nature, it became apparent that this orientation program should have been more thorough. More time should have been spent in explaining the first question of the survey, "Do you have trouble seeing, even when wearing glasses?" and what constitutes a severe eye impairment. As a result of this vague question and the tremendous number of positive responses obtained, the project

staff spent much unnecessary time in the neighborhoods surveyed following up individuals who, as it turned out, had no visual problems.

The establishment of a temporary Service Determination Unit was successful in several ways. It enabled the project workers to become valuable in assisting to reduce the time between the date of referral and the initiation of services. Since basic educational, vocational, economic, and personal data were collected by the project workers, a field staff representative was provided with rather complete referral data. He was thus afforded more time for counseling and other aspects of case management. These results indicate that the establishment of permanent Service Determination Units in all of the district offices would enable field staff to serve all individuals more promptly. Because the service departments would be receiving more referrals, more staff would be needed to handle adequately the increase in caseloads.

In an effort to reduce further the time lapse between onset of disability and the initiation of services for the client and to be less concerned with details of arranging eye examinations, the establishment of a mobile statewide eye examination clinic would be quite valuable. The individual in need would be enabled to receive an eye examination close to the time of the occurrence of impairment, as it would not be necessary to travel any great dis-



tance. The service worker would receive the examination report at an earlier date, would be free of cumbersome transportation arrangements, and would be able to initiate services more promptly.



## SUMMARY AND RECOMMENDATIONS

Operation Insight was established for the purpose of developing innovative methods of locating blind and visually handicapped individuals in two selected geographical areas of Virginia--the Richmond Standard Metropolitan Statistical Area and Prince Edward County. Although a variety of techniques, including a neighborhood survey; letters and personal visits to public and private service organizations; contacts with schools, nursing homes, and other institutions were used, the public information released through television, radio, and the newspapers proved to be more effective. Response from individuals with visual problems as a result of this latter approach outweighed all others combined. In addition, use of public relations demonstrated that communication of agency services to the public is not only beneficial, but is necessary in creating a general awareness of the existence of services such as those offered by the Commission.

Through the project it was also demonstrated that better intake procedures could be devised. Referrals had previously been unsystemically sent to the various service departments, but when they were received directly by the project staff, the individuals were immediately interviewed. A variety of background information, which included medical, economic, educational, and personal data was collected on a comprehensive intake form. Agency services were also explained to the handicapped individual. Results showed that the time saved the service worker when he received a complete referral

work-up of this nature, as compared to his receiving only a name and address, was worthwhile. Approximately three months were eliminated from the screening process when individuals referred were first seen by the Operation Insight workers. Therefore, more time was available for counseling, determining specific needs, and reducing the referral's waiting period between onset of disability and his receiving services.

In view of the favorable results demonstrated in this one year pilot project, it is recommended that a three year demonstration project be funded by SRS. By expanding without interruption the work of Operation Insight to a statewide approach, the valuable knowledge and experience gained by the pilot project staff through this initial effort would not be lost. A project grant is particularly important in view of the fact that state appropriations for new jobs cannot be made to the Commission before July 1, 1972.

Such a project would be staffed by a project supervisor, five service determiners, an information officer, and five secretaries who would be located in the Commission's five district offices. This is considered to be the minimum number of staff necessary to process the projected number of unduplicated new referrals in fiscal year 1972. It is estimated that the number of such referrals during this year will increase by 16 percent over fiscal year 1971; thus there would be a statewide average of 208 new referrals each month. (Refer to Appendix, page 55 for breakdown of referrals for

each district office.) It would be the responsibility of this staff to have in-depth knowledge of all agency program operations in order to work with any person referred, to promote interagency coordination, and disseminate news of Commission resources to the general public.

It also is recommended that a statewide mobile eye screening clinic be established to serve effectively and promptly individuals in rural, as well as urban, areas throughout the state. Available screening would identify individuals eligible for agency services and reduce the number of blind and visually handicapped who are now unaware of the availability of services offered by the Commission.





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## APPENDIX







VIRGINIA COMMISSION

for the

VISUALLY HANDICAPPED

3

Sight in an unsighted world through Operation Insight. Let them show you what your Virginia Commission for the Visually Handicapped has to offer.

CONTACT:

644-0123

1535 High Street  
Richmond, Virginia

## TALKING BOOK MACHINES AND LIBRARY SERVICES

Talking book recordings are loaned to blind residents of Virginia. Catalogs are supplied to all readers to assist them in selecting books. These recorded books are circulated by mail without cost to the borrower.

Machines on which to play the talking book recordings are available without charge through the Commission, which is the authorized lending agency for the U. S. Government in Virginia.

## VOCATIONAL REHABILITATION DEPARTMENT

Operating within the framework of the Federal-State Vocational Rehabilitation Act, the Commission provides vocational counseling, medical evaluation, aptitude testing, physical restoration measures, training and placement in suitable employment. The department may, for example, pay for a cataract operation, provide a college scholarship, or help a person find a job in competitive industry.

A person is visually eligible for these services if his vision does not exceed 20/200 in the better eye with best correction; or if he has a field restriction to 20 de-

grees or less. The amount of financial aid from the Commission is dependent upon the economic situation of the individual.

## HOME TEACHING DEPARTMENT

Instructors of the visually handicapped, located in various parts of the State, visit blind persons in their homes to provide services which will enable them to function more capably and independently. Counseling is offered to the parents of both pre-school and school-age children and to school authorities. Instruction is available to all who are interested in learning Braille, typing, and handicrafts.

## EDUCATION SERVICES DEPARTMENT

Education consultant services are available to school-age students who qualify, and to their parents and teachers. A student is eligible if his vision does not exceed 20/70 in the better eye after correction, or if he is recommended by his physician. Services provided by the department, including loan of large print textbooks, are available to students in all schools, both public and private.



## RECREATION SERVICES

Under Commission leadership a number of recreation projects have been undertaken to assist visually handicapped persons in making fuller use of their leisure time. These projects include social dancing, swimming, roller skating, bowling and table games. An important goal is greater participation in community life.

mond, provide training and employment for blind referred by the Rehabilitation Department. These facilities manufacture a variety of products for sale to government agencies and to the public.

## OPHTHALMOLOGICAL SERVICES

The Tabb Memorial Eye Clinic, conducted by an ophthalmologist, provides eye examinations to medically indigent children and adults who are referred by schools, welfare departments, and other service agencies.

A low-vision clinic, also conducted by an ophthalmologist, serves persons who are not benefited by conventional lenses but who may be helped by the prescription of special optical aids. Persons are seen in this clinic only by appointment. Examinations are provided without charge at both clinics.

## SALES SERVICES

At 1535 High Street, the Commission operates a sales display room to provide an outlet for products manufactured by blind persons in their homes. These hand crafted items include rugs, table mats, stuffed toys, and a variety of novelties.

## BUSINESS ENTERPRISES DEPARTMENT

With the help of the Commission, visually handicapped persons are established in businesses of various kinds, including vending stands and snack bars in public and private buildings. The Commission secures the location, furnishes equipment, initial stock and operating capital, and provides training and supervision for the operators. A graduated service charge is assessed as prescribed by law against gross sales to cover certain costs.

## AID TO THE BLIND

Aid to the Blind is a program of financial assistance which provides allowances for food, clothing, shelter, medical care and other essentials of living, to blind persons in economic need. This program is administered by the local welfare departments and supervised by the Commission. Applications for aid are made to the local welfare departments.

## WORKSHOPS

The Virginia Workshop for the Blind located in Charlottesville, and the Richmond Workshop for the Blind at 1535 High Street in Rich-

*Services of the Virginia Commission for the Visually Handicapped are provided on a non-discriminatory basis without regard to race, color, creed or national origin. All applicants for services have a right to file complaints and to appeal according to regulations governing this principle.*

## PUBLIC RELATIONS--OPERATION INSIGHT

1. In the Richmond area there are many people who have trouble seeing. In the Richmond area there is also "Operation Insight." Through this program, one whose world has been narrowed to his home because of a visual handicap may once again learn to travel independently, secure a job, receive financial assistance, and live a normal life. For more information contact "Operation Insight," 1535 High Street, Richmond, Virginia, telephone 644-0123. Sponsored by the Virginia Commission for the Visually Handicapped.

2. Do you have trouble seeing or know someone else who has a problem with his eyesight? If so, contact "Operation Insight" for help. Telephone 644-0123.

3. In the near future many people in the metropolitan area will be contacted by representatives of "Operation Insight." These representatives will be gathering information to help the more than 6,000 people who are eligible for, but unaware of the services offered by the Virginia Commission for the Visually Handicapped. If you are contacted, please cooperate.

4. In the coming weeks "Operation Insight," a program sponsored by the Virginia Commission for the Visually Handicapped, will be conducting a survey in the city and surrounding counties. The Westhampton Junior Woman's Club will be going from door to door representing the Commission in obtaining information regarding people in our area who have a visual handicap. It is our hope that every person who is contacted will respond. In most cases this will take only a few minutes of your time and to some it could mean the difference between a normal and happy life or one which is filled with confusion and frustration. For more information contact "Operation Insight" telephone 644-0123.

5. Help someone overcome his visual handicap. Welcome the representatives of "Operation Insight" when they call at your door within the next few weeks. Members of the Westhampton Junior Woman's Club will be conducting a survey to determine how many people in our area can benefit from special services available from the Virginia Commission for the Visually Handicapped and other local agencies which have help to offer those who have trouble seeing. Many citizens are unaware that help is available to them.

6. "Operation Insight" is the name of a new program designed to help those in this area with impaired sight. If you or someone you know has trouble caused by poor eye sight perhaps help is available. The people at "Operation Insight" will be pleased to work with you, call them at this number, telephone 644-0123.



### NEWS RELEASES CONCERNING PROJECT

1. 10-31-69 Tape with Ethel Payne, Project Director, and Don Vest, Information Officer for VCVH
2. 1-8-70 Article in the Richmond News Leader by Carol Cohen
3. 1-70  
2-70 Articles in Views and Ventures, the monthly magazine  
4-70 published by VCVH  
6-70  
10-70
4. 1-5-70 Beginning of first series spot public announcements on radio and television
5. 1-12-70 Beginning of the neighborhood surveys
6. 2-4-70 WXEX-TV Interview on "Dialing for Dollars" with Mr. Webb, host; Lee Schaffer, President of the Westhampton Junior Woman's Club; and Ethel Payne
7. 2-5-70 WANT RADIO Interview with Mr. Albert Martin, hostess, Mrs. Lee Schaffer, and Ethel Payne
8. 3-6-70 Article in the Richmond Times Dispatch about the Westhampton Junior Woman's Club's nomination for the Gibble Award as a result of their work on this project
9. 3-30-70 Article in the Richmond Times Dispatch
10. 5-70 Article in the "Richmond Chapter Newsletter," a publication of the Red Cross
11. 6-8-70 Article in the Richmond News Leader
12. May, June, 1970 Article in "The Challenge"
13. 7-25-70 Article in the Richmond Times Dispatch with pictures of the project staff
14. 10-70 Beginning of second series of spot public announcements on television and radio



Response \_\_\_\_\_  
No Response \_\_\_\_\_

OPERATION INSIGHT  
NEIGHBORHOOD QUESTIONNAIRE

1. Does any member of the household have trouble seeing, even when wearing glasses? \_\_\_\_\_

2. If yes, Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Phone: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

3. How many of the family live in this home? \_\_\_\_\_

If answer to #1 is No, survey ends at this point. If Yes, direct the following questions to the visually impaired person, if possible.

4. Do you have enough vision to see light? \_\_\_\_\_

5. When did you first have trouble seeing? \_\_\_\_\_

6. What caused the trouble? \_\_\_\_\_

7. Without glasses has your sight remained constant for the last five years? \_\_\_\_\_

8. With sight has your sight remained constant for the last five years? \_\_\_\_\_

9. Who cares for your eyes?

	Date last seen	Name
Medical eye doctor _____	_____	_____
Optometrist _____	_____	_____
Clinic _____	_____	_____

10. Do you use any eye medication? \_\_\_\_\_

11. Have you had eye surgery? \_\_\_\_\_ Reason: \_\_\_\_\_

12. Would you mind having your eyes tested? \_\_\_\_\_

13. Do you have any other health problems? (arthritis, diabetes, hearing, heart) Specify: \_\_\_\_\_

14. Do you take medication for this? \_\_\_\_\_

15. Are you presently working? \_\_\_\_\_ Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_

16. What kind of work do you do? \_\_\_\_\_

17. Are you known to the Virginia Commission for the Visually Handicapped? \_\_\_\_\_



OPERATION INSIGHT

BASIC DATA FORM

Date of referral \_\_\_\_\_

Referred by \_\_\_\_\_

Reason \_\_\_\_\_

Previously known to Agency \_\_\_\_\_

MRA NO. \_\_\_\_\_

If so, check Dept. A.B. \_\_\_\_\_

E.S. \_\_\_\_\_

H.T. \_\_\_\_\_

V.R. \_\_\_\_\_

L.S. \_\_\_\_\_

Previously\_\_ or presently\_\_ known to other agencies in community? \_\_\_\_\_

Specify agency: \_\_\_\_\_

Name \_\_\_\_\_ Guardian(if under 21) \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

(street) (city) (state) (zip)

Directions to home: \_\_\_\_\_

DOB\_\_ Sex\_\_ Race\_\_ Marital Status: S\_\_ M\_\_ W\_\_ D\_\_ Sep.\_\_ No.Dep. \_\_\_\_\_

Social Security No. \_\_\_\_\_ (card must be seen by interviewer)

MEDICAL DATA:

Eye Doctor \_\_\_\_\_

(name) (address)

Date last seen \_\_\_\_\_ Reason \_\_\_\_\_

(See attached eye report)

Medical Doctor \_\_\_\_\_

(name) (address)

Date last seen \_\_\_\_\_ Reason \_\_\_\_\_

Secondary disabilities: Diabetes\_\_ Hearing\_\_ Arthritis\_\_ Heart\_\_

Physically handicapped (specify) \_\_\_\_\_

Learning disorder\_\_ Other \_\_\_\_\_

MOBILITY:

Previously received mobility instruction Yes\_\_ No\_\_

Travels alone without help \_\_\_\_\_ Dog Guide \_\_\_\_\_

Human Guide \_\_\_\_\_ Bedridden \_\_\_\_\_

Cane \_\_\_\_\_ Other \_\_\_\_\_

EDUCATIONAL DATA:

Presently attends school Yes\_\_\_ No\_\_\_  
Name of school\_\_\_\_\_ Division\_\_\_\_\_ Grade\_\_\_\_\_  
If not in school, school last attended\_\_\_\_\_ Division\_\_\_\_\_  
Last grade completed\_\_\_\_\_ Reason for leaving\_\_\_\_\_

Preschool \_\_\_  
Grade school \_\_\_  
College \_\_\_

VOCATIONAL DATA:

Vocational Training\_\_\_\_\_  
Vocational Interest\_\_\_\_\_  
Presently working Yes\_\_\_ No\_\_\_ Employer\_\_\_\_\_  
Duties\_\_\_\_\_

Previous employment (last 3 jobs):

1. Employer\_\_\_\_\_ Date\_\_\_\_\_  
Duties\_\_\_\_\_  
Reason for leaving\_\_\_\_\_  
2. Employer\_\_\_\_\_ Date\_\_\_\_\_  
Duties\_\_\_\_\_  
Reason for leaving\_\_\_\_\_  
3. Employer\_\_\_\_\_ Date\_\_\_\_\_  
Duties\_\_\_\_\_  
Reason for leaving\_\_\_\_\_

LIBRARY SERVICES:

Uses: Regular Print \_\_\_\_\_  
Large Print \_\_\_\_\_  
Braille \_\_\_\_\_  
Magnifier or other optical aid \_\_\_\_\_  
Talking Book \_\_\_\_\_

PUBLIC ASSISTANCE:

Receives A.B.\_\_\_\_\_  
Receives assistance other than A.B.\_\_\_\_\_ Check type: OAA\_\_\_\_\_  
APTD\_\_\_\_\_  
ADC\_\_\_\_\_  
GR\_\_\_\_\_  
Would like investigation to determine if eligible for A.B.?\_\_\_\_\_



INCOME:

Total income (from all sources): \$ \_\_\_\_\_

Earned Annual Income \$ \_\_\_\_\_

OASI \$ \_\_\_\_\_

Railroad Retirement \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

MEDICAL INSURANCE:

Medicare: Never applied  
Eligible (age 65) \_\_\_\_\_ Part B \_\_\_\_\_  
No. \_\_\_\_\_

Medicaid. Never applied \_\_\_\_\_  
Eligible \_\_\_\_\_  
No. \_\_\_\_\_

CIVIL RIGHTS POLICY:

Has been explained Yes\_\_\_ No\_\_\_  
Has been signed Yes\_\_\_ No\_\_\_

**COMMENTS:**

Form sent to: A.B. \_\_\_\_\_  
E.S. \_\_\_\_\_  
H.T. \_\_\_\_\_  
V.R. \_\_\_\_\_  
L.S. \_\_\_\_\_

(Interviewer)

(Date)



FEEDBACK FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete the following and return to: Operation Insight  
1535 High Street  
Richmond, Virginia 23220

Date

1. 1st. contact with project referral: \_\_\_\_\_

2. Decision to work with project referral  
(accepted for services): \_\_\_\_\_

3. Services initiated: \_\_\_\_\_

4. Services denied (project referral  
not accepted): \_\_\_\_\_

Reason: \_\_\_\_\_





## AGENCIES TO WHICH PROJECT INFORMATION WAS DISSEMINATED

1. Adult Development Center
2. Alcoholics Anonymous
3. American Legion, Child Welfare Services
4. American Red Cross
5. Arthritis Foundation, Richmond Branch
6. Audiology Department
7. Belle Bryan Day Nursery
8. Beth Shalom Home of Virginia, Inc.
9. Bethlehem Center
10. Big Brothers of America
11. Boys' Club of Richmond, Virginia, Inc.
12. Camp Merriewood Harrison
13. Cary Street Baptist Center
14. Catholic Family and Children's Services, Inc.
15. Chesterfield-Colonial Heights Welfare Department
16. Chesterfield County Health Department
17. Children's Home Society of Virginia
18. Consultation and Evaluation Clinic
19. Crippled Children's Hospital
20. Department of Christian Social Relations Episcopal Diocese of Virginia
21. Easter Seal Society for Crippled Children and Adults, Inc., of Virginia
22. Educational Therapy Center
23. Family and Children's Service of Richmond
24. FISH
25. Friends' Association for Children
26. Fulton Baptist Center
27. Grace House, Inc.
28. Hanover County Health Department
29. Hanover County Welfare Department
30. Henrico County Health Department
31. Henrico Mental Hygiene Clinic
32. Henrico County Welfare Department
33. Hermitage Home of Richmond
34. Home for Confederate Women
35. Instructive Visiting Nurse Association
36. Jewish Community Center
37. Jewish Family Services, Inc.
38. Little Sisters of the Poor
39. Masonic Home of Richmond
40. Memorial Guidance Clinic
41. Muscular Dystrophy Associations of America
42. National Foundation
43. National Multiple Sclerosis Society
44. Prince Edward County Health Department
45. Prince Edward County Welfare Department

46. Protestant Episcopal Church Home
47. Richmond Area Association for Retarded Children, Inc.
48. Richmond Area Community Council
49. Richmond Area Mental Health Association
50. Richmond Area Tuberculosis Association
51. Richmond Cerebral Palsy Center
52. Richmond Child Care Centers
53. Richmond Community Action Program
54. Richmond Department of Public Health
55. Richmond Department of Public Welfare
56. Richmond Goodwill Industries
57. Richmond Home for Boys
58. Richmond Home for Ladies
59. Richmond Pastoral Counseling Centers
60. St. Joseph's Villa
61. The Salvation Army
62. The Salvation Army Boys' Club
63. The Salvation Army Welfare Department
64. The Salvation Army Home and Hospital
65. Senior Center
66. Sheltering Arms Hospital
67. Social Security Administration
68. South Richmond Baptist Center
69. Southside Day Nursery
70. Travelers Aid Society
71. United Givers Fund of Richmond, Henrico, and Chesterfield, Inc.
72. Veterans Administration Hospital
73. Veterans Administration Social Work Service
74. Virginia Council on Health and Medical Care
75. Virginia Council on Social Welfare
76. Virginia Employment Commission
77. The Virginia Home
78. Virginia Methodist Children's Home
79. Virginia Society for the Prevention of Blindness, Inc.
80. Virginia State Department of Health, Bureau of Crippled Children
81. Virginia Treatment Center for Children
82. Vocational Rehabilitation Service
83. The Volunteers of America
84. Westhampton Junior Woman's Club
85. William Byrd Community House
86. Wilson Inn
87. The Young Men's Christian Association of Metropolitan Richmond, Virginia
88. Y.M.C.A. (Railroad)
89. Young Women's Christian Association

## POPULATION SURVEY OF THE VISUALLY HANDICAPPED

### Codes of Areas Surveyed

#### 1     HENRICO COUNTY

- 1-A    Surburban Apartments
- 1-B    Bethlehem Road
- 1-C    Crestview Apartments
- 1-D    Quioccasin Road
- 1-E    Bryan Park Area of Dunbarton - Bloomingdale
- 1-F    Bungalow City
- 1-G    Lewis Garden Apartments

#### 2     CHESTERFIELD COUNTY

- 2-A    Winterpock
- 2-B    Hey Road Area
- 2-C    Park Lee Garden Apartments
- 2-D    Ettrick

#### 3     CITY OF RICHMOND

- 3-A    Northside Area
- 3-B    Highland Park
- 3-C    West End
- 3-D    Whitcomb Court
- 3-E    Church Hill
- 3-F    Southside



## RESULTS OF SURVEY IN HENRICO COUNTY

Table I

Number of Households, Responses, and No Responses for the Survey Area in Henrico County.

Survey Area	Number of Households	Responses To Survey		No Responses To Survey	
		Number	Percent	Number	Percent
1-A	132	90	68.2	42	31.8
1-B	8	6	75.0	2	25.0
1-C	91	55	60.4	36	39.6
1-D	22	15	68.2	7	31.8
1-E	83	54	65.1	29	34.9
1-F	68	42	61.8	26	38.2
1-G	96	45	46.9	51	53.1
Total	500	307	(61.4)	193	(38.6)

Of the 500 households selected for the survey in Henrico County, there were 307 or 61.4 percent responses and 193 or 38.6 of the households recorded as no responses.

Table II

Number of Households, Persons, Average Size of Family, Number of Persons Responding as "having trouble seeing" and Number Found Eligible for Commission Services, in Henrico County.

Survey Area	Households			Number of Persons	
	Number of Responses	Number of Persons	Average Size of Family	"Having Trouble Seeing"	Found Eligible for Commission Services
1-A	90	243	2.7	4	--
1-A	6	18	3.0	5	--
1-C	55	143	2.6	7	--
1-D	15	43	2.9	5	1
1-E	54	156	2.9	7	--
1-F	42	151	3.6	12	3
1-G	45	142	3.2	6	--
Total	307	896	(2.9)	46	4

There were 896 persons living in the 307 households. This represents an average of 2.9 persons per household.

The first question on the Operation Insight Neighborhood Questionnaire was "Does any member of the household have trouble seeing, even when wearing glasses." 46 individuals answered yes to this question. These 46 referrals resulted in 4 persons found eligible for Commission services.



## RESULTS OF SURVEY IN CHESTERFIELD COUNTY

Table I

Number of Household, Responses, and No Responses for the Survey Area in Chesterfield County.

Survey Area	Number of Households	Responses To Survey		No Responses To Survey	
		Number	Percent	Number	Percent
2-A	35	23	65.7	12	34.3
2-B	72	42	58.3	30	41.7
2-C	88	53	60.2	35	39.8
2-D	122	51	41.8	71	58.2
Total	317	169	(53.3)	148	(46.7)

A total of 317 households were visited by the interviewers resulting in a 53.3 percent response.

Table II

Number of Households, Persons, Average Size of Family, Number of Persons Responding as "having trouble seeing" and Number Found Eligible for Commission Services, in Chesterfield County.

Survey Area	Households			Number of Persons	
	Number of Responses	Number of Persons	Average Size of Family	"Having Trouble Seeing"	Found Eligible for Commission Services
2-A	23	99	4.5	18	--
2-B	42	160	3.8	1	--
2-C	53	160	3.1	5	1
2-D	51	142	3.3	12	2
Total	169	561	(3.6)	36	3

The 169 households were composed of 561 persons, for an average of 3.6 persons per household. 36 of the 561 persons were classified as "having trouble seeing." Follow-up procedures resulted in 3 persons found eligible for Commission services.

## RESULTS OF SURVEY IN RICHMOND CITY

Table I

Number of Households, Responses, and No Responses for the Survey Areas in Richmond City.

Survey Area	Number of Households	Responses To Survey		No Responses To Survey	
		Number	Percent	Number	Percent
3-A	98	54	55.1	44	44.9
3-B	150	96	64.0	54	36.0
3-C	131	61	46.6	70	53.4
3-D	60	39	65.0	21	35.0
3-E	101	53	52.5	48	47.5
3-F	30	17	56.7	13	43.3
Total	570	320	(56.1)	250	(43.9)

Of the 570 households selected for the survey in Richmond City, there were 320 or 56.1 percent responses and 250 or 43.9 percent of the households recorded as no responses.

Table II

Number of Households, Persons, Average Size of Family, Number of Persons Responding as "having trouble seeing" and Number Found Eligible for Commission Services, in Richmond City.

Survey Area	Households			Number of Persons	
	Number of Responses	Number of Persons	Average Size of Family	"Having Trouble Seeing"	Found Eligible for Commission Services
3-A	54	208	3.9	5	-
3-B	96	397	4.1	4	-
3-C	61	249	4.1	6	-
3-D	39	178	4.6	3	-
3-E	53	227	4.3	1	-
3-F	17	58	3.4	-	-
Total	320	1,317	(4.1)	19	-

19 persons answered yes as "having trouble seeing" but none were found eligible for Commission services. The 320 households surveyed were composed of 1,317 persons, for an average of 4.1 persons per household.

QUESTIONNAIRE  
OPERATION INSIGHT

1. What is your present attitude towards Operation Insight?
  - a. Positive
  - b. Negative
  - c. Undecided
2. Was the following information covered adequately in each referral?
  - a. Personal information, such as date of birth, marital status, social security number, etc.
  - b. Directions to home
  - c. Available medical data, including ophthalmological examination
  - d. Educational background
  - e. Vocational experience
  - f. Financial situation
3. Did you find that having this information was helpful in your initial contact with the referral?
4. Is there any other information that the project should have covered in the referrals? Should some of this data be eliminated? Explain.
5. Each of you has a large caseload. Do you believe that some of your stress and pressure will be lessened if you receive all referrals in the same way?
6. Did you see a noticeable reduction in time between your receiving the referral and initiating services to the referral?
7. Do you feel that the location of the project staff at the Richmond Workshop for the Blind hindered communication between project workers and the Commission's service staff?





NUMBER OF UNDUPLICATED NEW REFERRALS FOR FY 1971  
AND ESTIMATED FOR FY 1972<sup>/1</sup>

<u>District Office</u>	<u>For FY 1971</u>	<u>Per Month FY 1971</u>	<u>Estimated for FY 1972</u>	<u>Per Month FY 1972</u>
Richmond	426	36	494	41
Charlottesville	116	10	135	11
Alexandria	337	28	391	33
Norfolk	582	49	675	56
Roanoke	531	44	616	51
Bristol	<u>170</u>	<u>14</u>	<u>197</u>	<u>16</u>
Total	2,162	181	2,508	208

<sup>/1</sup> Includes Vocational Rehabilitation, Home Teaching, and Education Services Departments.



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NEW APPROACHES TO THE  
DELIVERY OF TOTAL SERVICES  
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DATE DUE			

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NEW YORK, N.Y. 10011

